

**COPS-IN-SHOPS REIMBURSEMENT FORM GRANT** \_\_\_\_\_  
***CERTIFICATION OF HOURS***



**TOWN:** \_\_\_\_\_

**MONTH:** \_\_\_\_\_

NAME OF OFFICER AND BADGE NUMBER	DATE OF ASSIGNMENT	LOCATION OF ESTABLISHMENT	NUMBER OF HOURS	HOURLY O.T. RATE	TOTAL (Division Use Only)

CERTIFICATION BY RECEIVING AGENCY: I CERTIFY THAT THE ABOVE SERVICES HAVE BEEN RENDERED AS STATED HEREIN.

**TOTAL** \_\_\_\_\_

Signature

### ***Division of ABC***

Title

Date \_\_\_\_\_